									P	pplication	on pr Docket Number			
PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999								RD		09	رکی ا	14/2	843	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMA TYI		ENTITY	OR		R THAN ENTITY	
						NUMBER	EXTRA	RA		FEE	7	RATE	FEE	
ΒA	SIC FEE	7 ×							,	345.00	OR		690.00	
TC	TAL CLAIMS		minus 20= *						9=		OR	X\$18=	126	
INE	EPENDENT C	LAIMS	4 minus 3 = * /						 )=		1	X78=	ne	
MULTIPLE DEPENDENT CLAIM PRESENT									OR	<del></del> -	10			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2							+13			OR	+260=		
	CLAIMS AS AMENDED - PART II							TOT	AL		OR	TOTAL	394	
<b>—</b>	(Column 1) (Column 2) (Column 3)						SMA	LL	ENTITY	OR	OTHER SMALL			
AMENDMENT A	93003	REMA AF	NMS NNING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 3	0_	Minus	**	d7,	= 3	X\$ 9	)=		OR	X\$18=	54	
AME	Independent	*	4	Minus	***	<b></b>	=	X39	=		OR	X78=		
	FIRST PRESE	NIAHO	N OF MI	JUIPLE DEF	PEND	ENT CLAIM		+130	)=		OR	<b>+</b> 260=∫		
	$\bigvee$	D						TO	TAL		OR	TOTAL	34	
	171	(Colu	mn 1)		(C	olumn 2)	(Column 3)	ADDIT. I	FEE		Jon ,		97	
DMENT B	3/24/04	REMA AF	AIMS AINING TER OMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	.3	Q_	Minus	**	BU.	= 1	X\$ 9	=		OR	X\$18=		
AMEN	Independent	*	0	Minus	***	4	= 8	X39:	=		OR	X28=	150	
,	FIRST PRESE	NIAHOI	N OF MU	JUIPLE DEF	PEND	ENT CLAIM		+130	=	<b>5</b> .	OR	+26 <b>q</b> =)	1 10	
								TO			OR.	TOTAL	192	
,	(Column 1) (Column 2) (Column 3)								ADDIT. FEE					
AMENDMENT C		CLA REMA AFT AMENE	INING ER		PR	IIGHEST NUMBER EVIOUSLY VAID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=	X\$ 9	_	<u> </u>	OR	X\$18=	FEE	
	Independent	•		Minus	***		=	-	-		10			
	FIRST PRESE	NTATION	OF ML	ILTIPLE DEF	PEND	ENT CLAIM		X39=	_	<del></del>	OR	X78=		
. 14	the entry in colum	mn 1 in las	o than th	o ontry in anti-	C	weite #OP !		+130			OR	+260=		
**	the entry in colur the "Highest Nur f the "Highest Nur	mber Prev	iously Pa	id For" IN THIS	SPA	CE is less that	n 20 enter "20 "	TOT ADDIT. F			OR A	TOTAL DDIT. FEE		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective JANUARY, 2003

Application or Docket Number

09/514843
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	CLAIMS AS FILED - PART I							SMALL ENTITY			OTHE	R THAN
L			(Colun	(Column 1)		(Column 2)		TYPE		OF		ENTITY
	OTAL CLAIM						RATE	FEE		RATE	FEE	
F	OR	NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FI	37 <b>5</b> :0	0 OF	BASIC FE	E 2200	
T	OTAL CHARGE	EABLE CLAIMS	m	minus 20=		*		X\$ 9=		OF	X\$18=	1
IN	DEPENDENT (	CLAIMS	r	minus 3 =	*			X42=	1	OR	V0.4	
М	MULTIPLE DEPENDENT CLAIM PRESENT							+140=	1	7		
*	* If the difference in column 1 is less than zero, enter "0"					column 2	•	TOTAL	<del></del>	OR		
	CLAIMS AS AMENDED - PART II							TOTAL	<u> </u>	OR		THAN
_	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR		ENTITY
<b>AMENDMENT A</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID F	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF M	Minus	***	01.411.4	=		X42=		OR	X84≅	
L. <u>.</u>	TIMOTPHES	ENTATION OF I	IOLTIPLE DE	PENDENT	CLAIM			+140=		OR	+280=	
							L	TOTAL			TOTAL	
		(Column 1)		(Colum	ın 2)	(Column 3)	A	DDIT. FEE			ADDIT. FEE	<u> </u>
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2 Q N	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	ŀ	X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JLI IPLE DEI	PENDENT (	CLAIM			+140=		OR	+280=	
							<u>L</u>	TOTAL		100 L	TOTAL	
		(Column 1)		(Columi	n 2)	(Column 3)	AD	DIT. FEE		1011 /	ADDIT. FEE	
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST ER JSLY	PRESENT EXTRA	T	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	144	OR	X\$18=	, , ,
	Independent	*	Minus	***		=-	-	X42=			X84=	
1	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT C	CLAIM		$\vdash$			OR		
* If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							140=		OR	+280=	
** If	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												